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FACSIMILE TRANSMITTAL SHEET

Date: 24 April 2006

File No.: AWO90101

From: John R. Uren

To: Examiner Ivars C. CINTNS, Group Art Unit 1724  
AMENDMENT AFTER FINAL, APPLN. SERIAL NO. 09/303,306

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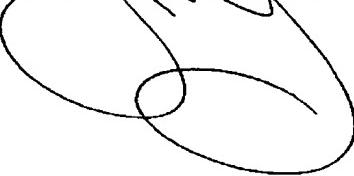
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**APR 25 2006**

Atty. Docket No. AWI90101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                               |   |                            |
|-------------------------------|---|----------------------------|
| In re the Application of:     | : |                            |
| HAMBLEY, DAVID M. and         | : |                            |
| HAMBLEY, PHILIP               | : | Examiner: Ivars C. CINTINS |
| Serial No.: 09/303,306        | : | Group Art Unit: 1724       |
| Filed: April 30, 1999         | : |                            |
| For: FILTER UNDERDRAIN SYSTEM | : |                            |
| FOR BACKWASH FLOW AND METHOD  | : |                            |
| FOR MEASURING SAME            | : |                            |

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**AMENDMENT TRANSMITTAL LETTER**

**BY FACSIMILE (571 273-3800)**

Honorable Commissioner of Patent and Trademarks  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a response to Examiner's action dated December 22, 2005.

[x] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

[ ] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

|  |           |
|--|-----------|
| Total claims remaining after amendment.....                  | 39        |
| (Minus) Highest no. previously paid for.                     | <u>39</u> |
| (NOTE: A fee is paid for each claim in excess of twenty(20)) | <u>0*</u> |

- 2 -

|   |            |
|---|------------|
| Total independent claims after amendment.....                             | 9          |
| (Minus) Highest no. previously paid for.....                              | <u>9</u>   |
| (NOTE: A fee is paid for each independent... claim in excess of three(3)) | <u>0**</u> |

First presentation of multiple dependent  
claim..... 0\*\*\*  
(NOTE: A fee is paid for each multiple dependent claim)

| <u>Small Entity</u> | <u>Large Entity</u>         |
|---------------------|-----------------------------|
| *0 x \$9.00         | 0.00 *0 x \$18.00           |
| **0 x \$39.00       | 0.00 **0 x \$78.00          |
| ***0 x \$130.00     | <u>0.00</u> ***0 x \$260.00 |

Total Fee: 0.00 Total Fee 0.00

- No additional fee is required.
- Our check is enclosed.
- Please charge deposit account no. 21-0885. A duplicate copy of this form is attached.
- Please charge any additional fees due, or credit any overpayment, to deposit account no. 21-0885. A duplicate copy of this form is attached.

Respectfully submitted,

HAMBLEY, DAVID et al

By:

John R. Uren  
Regn. No. 27,530

Date: April 24, 2006

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